

# bmj.com news roundup

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## Only a few more deaths from vCJD likely in UK

Only a few more people in the United Kingdom are likely to die from variant Creutzfeldt-Jakob disease (vCJD) associated with infections in the 1990s, says research from Imperial College, London, published online last week in *Journal of the Royal Society Interface* ([www.journals.royalsoc.ac.uk](http://www.journals.royalsoc.ac.uk), doi:10.1098/rsif.2004.0017).

The study was designed to assess the full extent of vCJD cases after previous research had given contradictory results. Recent trends in the incidence of vCJD seemed to show that the primary epidemic was in decline after the peak of 28 cases in 2000 fell to nine in 2004 ([www.cjd.ed.ac.uk/figures.htm](http://www.cjd.ed.ac.uk/figures.htm)).

Projections based on this pattern predict relatively few further cases. But a recent study, which assessed the presence of the abnormal prion protein associated with vCJD in appendix and tonsil tissues, indicated that about 3800 people could ultimately be affected (*Journal of Pathology* 2004;203:733-9).

Researchers from Imperial College, London, used mathematical modelling to explore which prediction was more likely to be correct. They concluded that a proportion of people who become infected with vCJD do not go on to develop clinical disease. Their results predicted that primary transmission would account for about 70 cases even though a much larger number of people might be infected.

Susan Mayor *London*

## New NHS IT system will preserve patient confidentiality

New NHS information technology (IT) systems will save lives, the health minister John Hutton claimed last week, when he launched a new phase of publicity for the NHS's national programme for information technology. He also insisted that only staff with a legitimate



CHARLES REX AND GUSTAF

## Bush pushes for limit to medical malpractice awards

George Bush has announced that he is to ask Congress to impose strict limits on medical malpractice lawsuits, saying that doctors "should be focused on fighting illnesses, not on fighting lawsuits."

Mr Bush proposed that Congress should set a limit of \$250 000 (£134 000; €191 000) for non-economic damages, such as "pain and suffering." The House of Representatives has repeatedly passed bills to limit awards in malpractice cases. The bills have all died in the US Senate, but the newly gained Republican majority, with Senator Bill Frist as its leader, means they could now pass.

The Bush administration likes to cite the high expense of medical malpractice as a factor in ballooning healthcare costs, but a non-partisan analysis by the Congressional Budget Office found that malpractice costs represented less than 2% of healthcare costs in 2002.

Dr Donald Palmisano, immediate past president of the American Medical Association, pointed out that most medical liability claims—almost 70%—do not result in any payments but still cost an average of \$90 000 to defend successfully.

Senator Edward Kennedy said, "The president's medical malpractice plan is nothing but a shameful shield for drug companies and health maintenance organisations that hurt people through negligence."

Fred Charatan *Florida*

relationship to a patient would be able to view their details.

Mr Hutton was adamant that fears that the new system might cause further delays and complications for staff and patients were misplaced: "This is the biggest civil IT project under way anywhere in the world today. Not everything is going to go smoothly all of the time, and we're not going to pretend to the public that it is. But one of the biggest challenges facing the NHS is the quality of its technology. If we don't get the technology we need, we won't get the service we want to see."

Further objections to the reforms are connected with the protection of personal information. But Mr Hutton insisted that access to the system would be limited according to the requirements of the individual member of staff. He also insisted that

there would be no relationship between NHS records and the national identity register (the database at the heart of the proposed UK identity card scheme). Madeleine Brettingham *London*

## MPs disappointed by response on allergy services

The House of Commons health select committee, a cross party group of MPs that advises on health issues, has criticised the government's response last week to its report on allergy.

The committee had recommended the development of a nationwide specialist allergy service. The government, however, has asked for more evidence before acting on the recommendation.

The committee's report, submitted last year, recommended setting up a specialist allergy centre in each of the eight health regions in England to provide centres for local networks of competent practice in allergy care and to facilitate training of primary care staff. The report warned that many patients with allergies were currently seen by dermatologists or immunologists but could be better managed by allergy specialists.

In its response, the government said it was keen to improve the provision of specialised allergy services but called for more research to inform new developments.

However, David Hinchliffe, Labour MP for Wakefield and chairman of the House of Commons health select committee, said that further research was "completely unnecessary" as it had already been done for the report.

Dr Rodney Burnham, Royal College of Physicians registrar, agreed, saying that the evidence to support the development of a national allergy service was available now.

Susan Mayor *London*

The government's response can be found at the Department of Health's website, [www.dh.gov.uk](http://www.dh.gov.uk) (search for cm 6433).

## FDA rejects sale of over the counter statins

An expert advisory panel at the Food and Drug Administration last week rejected a proposal to permit over the counter sales of Merck's statin lovastatin (Mevacor), arguing that the risk of the drug could outweigh its benefits in many potential users.

If Merck's proposal had been accepted, lovastatin would have become the first long term preventive treatment to switch from prescription to over the counter status in the United States.

The decision is not binding, but the FDA hardly ever rejects the opinions of its own expert advisers. Although several leading cardiologists had publicly backed the proposal, the advisory panel